

# CLAIMS ONLY

BEST AVAILABLE COPY

Application Number

10/717 878

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 5/9/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3	<del>1</del>	<del>1</del>				
4	<del>1</del>	<del>1</del>				
5	<del>1</del>	<del>1</del>				
6	1					
7		1				
8	<del>1</del>	<del>1</del>				
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Total Indep	2					
Total Depend	5					
Total Claims	7					

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	Indep	Depend	Indep	Depend	Indep	Depend
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